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## MAY 1ST IS \$550.00

FLORIDA DÉPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT	# V514	16					01-28-1999 900	)24 041 ***	150.00		
1. Corporatio	n Name			TREE 110	•							
SOLUTIO	ONS - MAI	NUFACTURE	RS REPRESENTA	MIVES, INC.	•			1 (88)( 8)(88) 8)(8) (18)	16 <b>818 8</b> 311 <b>8</b> 1 <b>8</b> 11		1 <b>310</b> 11 <b>010</b> 11 1 <b>03</b> 1	
,												
Principal Plac	Principal Place of Business Mailing Address								III III DEII VIAII	ASBO DIBIL DIĀL	1 BIB) I BIBN 1481	
330 FIFTH AVE		**	330 FIFTH				,					
INDIATLANTIC US	FL 32903		INDIATLANN US	C FL 32903				DO NOT W	RITE IN THI	S SPACE	•	
US		•					3. Da	ite Incorporated or Qualife	:d			
								7/14/1992				
2. Principal P	lace of Busin	ess	— <u> </u>	2a. Mailing Address				Number		<u> </u>	applied For	
21 Cuito Ant	Suite, Apt. #, etc.			Suite, Apt. #, etc.				<del>) 3131944</del>			lot Applicable Additional	
22 Suite, Apr.	. #, 810.		27					ertifcate of Status Desired	□ .		Required	
City & Star	te .	- <del></del>	City &	State			6. Ele	6. Election Campaign Financing \$5.00 May Be				
23			28	Zip Country				Trust Fund Contribution Added to Fees				
_ `	Zip Country		—	Zip				is corporation owes the cu	ırrent year lı	ntangible ☐ Yes	.□No	
24		25	29  Current Registered A		30			rsonal Property Tax. ame and Address of New	/ Registered			
	J. Name	and Address of t		gent		81 Name					·	
	T, RICHARI			.,		82 Street A	Address (P.O.	Box Number is Not Accep	otable)			
•	O ASHLEY A	VE		, ,		,	1001000 (1 .0.					
SUITE 505						83		1980年代	17. 1983年 1月1日 - 日本本語			
INDIAN HARBOUR BCH FL 32937						84 City		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		85 Zip	Code	
Same Parks of the								barita this atotomost for th	F	L	te registered	
office or	ronistored and	ent or both in the	State of Florida, Such	change was au	thonzed	by the corpor	ration's board	ibmits this statement for the formula of directors. I hereby according to the control of the con	ept the app	pintment as i	egistered	
-		n, and accept the	obligations of, Section	607.0505, FIOR	oa Statt	nes.						
SIGNATURE	Signature, typed	or printed name of registe	ered agent and title if applicable	. (NOTE: F	Registered	Agent signature rec	<u> </u>		DATE			
12.	T	OFFICE	RS AND DIRECTORS		13.		ADI	DITIONS/CHANGES TO C	OFFICERS A	ND DIRECT		
TUTLE	PT DOCT DO	SUADO M		☐ DELETE	1.1 TIT	·					, Dyddigeri	
NAME	POST, RIC 330 FIFTH				1.2 NA	REET ADDRESS		,				
STREET ADDRESS CITY-ST-ZIP	INDIAATU		•			TY-ST-ZIP						
TITLE	VS .	WITHOUTE		☐ DELETE	2.1 TIT		•			. Change	Addition	
NAME	ST CLAIR	, DAVID	•		2.2 NA	WE						
STREET ADDRESS	330 FIFTH	I AVE			2.3 ST	REET ADORESS				,		
CITY-ST-ZIP	INDIATLA	VTIC FL			_	TY-ST-ZIP			•		Addition	
TITLE				□ DELETE	3.1 TIT			·	•	☐ Change	e	
NAME	34,000			ri i	3.2 NA			•				
STREET ADDRESS CITY-ST-ZIP	J. 396					REET ADDRESS						
TITLE		1		DELETE	4.1 TII			7 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	17.14	☐ Change	Addition	
NAME					4. 2 N	AME				_		
STREET ADDRESS	·			•	4.3 ST	REET ADDRESS					•	
CITY-ST-ZIP		: '			_	TY-ST-ZIP				Chora	e	
TITLE	*3		Ţ	☐ DELETE	5.1 TIT 5.2 NA	I	,			☐ Change	. Addition	
NAME.			·			REET ADDRESS		,				
STREET ADDRESS	i					TY-ST-ZIP						
CRY-ST-ZIP	4	****		□ DELETE	6.1 TIT			·		Change	e 🔲 Addition	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME , 🏰

STREET ADDRÉSS

☐ DELETE

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State**